# *USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA*

**Summary of changes to HEDIS 2001**

- The specifications for this measure may change based on the results of the first-year measure evaluation process.
- The pharmacy benefit is only required during the measurement year.
- UB-92 Revenue code 76X has been added to Table E12-A to identify acute care.
- UB-92 Revenue codes 510, 516, 517, 520, 521 and 523 have been added to Table E12-A as evidence of an outpatient visit.
- CPT codes 99291 and 99292 have been added to Table E12-A as evidence of an acute inpatient visit.

**Note:** NCQA will provide a comprehensive list of NDC codes for the appropriate asthma medications on our Web site at www.ncqa.org by December 29, 2000.

## *Description*

This process measure evaluates whether members with persistent asthma are being prescribed medications acceptable as primary therapy for long-term control of asthma. There are a number of acceptable therapies for people with persistent asthma (listed below), although best available evidence clearly demonstrates that inhaled corticosteroids are the preferred primary therapy. For people with moderate-to-severe asthma, inhaled corticosteroids are the only recommended primary therapy. While long-acting beta-agonists are a preferred adjunct therapy for long-term control of moderate to severe asthma, their recommended use is as add-on therapy with inhaled corticosteroids, and therefore should not be included as counting by themselves in this numerator.

The definition used for "persistent" asthma is a rough approximation based on previous year's service and medication utilization rather than a clinical measure of severity. This definitional approach was chosen for logistical and feasibility reasons, so that an efficient, reasonably standardized and sufficiently large population that allows for fair MCO-to-MCO comparisons could be identified through administrative sources.

According to best available evidence—and consistent with the National Heart, Lung and Blood Institute's (NHLBI) National Asthma Education and Prevention Program Guidelines for the Diagnosis and Management of Asthma—the following are five classes of long-term control medications:

- Inhaled Corticosteroids (preferred therapy)
- Cromolyn Sodium and Nedocromil (alternative therapy for mild persistent asthma)
- Leukotriene Modifiers (alternative therapy for mild persistent asthma)
- Methylxanthines (alternative but not preferred therapy for mild persistent asthma)
- Long-acting, inhaled beta-2 agonists (add-on therapy for persistent asthma).

The first four classes of medication count in the numerator because they are considered acceptable as primary therapy for long-term control of asthma. The last class (long acting, inhaled beta-2 agonists) do not count in the numerator because they are recommended as add-on rather than primary therapy for persistent asthma. For more details on how to manage medications for people with asthma, please see the

NAEPP *Expert Panel Report 2, Guidelines for the Diagnosis and Management of Asthma*, which can be accessed at www.nhlbi.nih.gov by clicking on "The Asthma Management Model System."

Separate calculations are required for the Medicaid and commercial product lines and stratified into three age groups. It is possible that, for public reporting purposes, NCQA may weight the three age stratifications based on national distributions and report a single rate for each of the two product lines.

### *Eligible Population*

*Product Line(s):* Medicaid and commercial (report each product line separately).

*Age(s):* 5 to 56 years old by December 31 of the measurement year. For each product line, the measure should be reported for each of three age stratifications (based on age as of December 31 of the measurement year) and as a combined rate:

- 5-9 year-olds
- 10-17 year-olds and
- 18-56 year-olds.

The combined rate will be the sum of the three numerators divided by the sum of the three denominators.

*Continuous Enrollment:* The measurement year and the year prior to the measurement year.

*Allowable Gap:* No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a one month gap in coverage (i.e., a member whose coverage lapses for two months (60 days) is not considered continuously enrolled) during each measurement year.

*Anchor date(s):* Enrolled as of December 31 of the measurement year.

*Benefit(s):* Medical.

Pharmacy during the measurement year.

*Event/Diagnosis:* Persistent asthma. To identify **all** members with persistent asthma, MCOs should use all applicable coding schemes listed below (i.e., members should be counted if they meet the criteria for **any** one of the four approaches below).

Members are identified as having persistent asthma by having ANY of the following in the **year prior to the measurement year**:

- at least four asthma medication dispensing events* (i.e., an asthma medication was dispensed on four occasions) **OR**
- at least one Emergency Department (ED) visit based on the visit codes below with asthma (ICD-9 code 493) as the principal diagnosis **OR**
- at least one hospitalization based on the visit codes below with asthma (ICD-9 code 493) as the principal diagnosis **OR**
- at least four outpatient asthma visits based on the visit codes below with asthma (ICD-9 code 493) as one of the listed diagnoses **AND** at least two asthma medication dispensing events.*